
Adult Environmental Emergencies:

Lightning Strikes



Note Well: When multiple victims are struck simultaneously by lightning, "reverse triage" should be performed. The usual triage priorities are reversed and rescuers should give highest priority to patients in cardiac or respiratory arrest. Victims who appear clinically dead after the strike should be treated before other victims showing signs of life. Victims should also be evaluated for associated trauma.

I. All Provider Levels

1. Refer to the Patient Care Protocols.



Note Well: Consider the potential for C-spine compromise and treat accordingly.

2. If spontaneous respirations are present, administer high-flow oxygen as appropriate.
3. If spontaneous respirations or circulation are absent, initiate CPR with BVM and 100% oxygen.

- A. Attach AED and analyze rhythm.



Note Well: EMT-I and EMT-P should use monitor-defibrillator.

- B. Defibrillate patient with AED.



Note Well: EMT-I and EMT-P should use manual defibrillator.

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I. All Provider Levels (continued)

- C. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: EMT-I and EMT-P should use ET intubation.

2. Establish large bore IV access with normal saline.



Note Well: As soon as spontaneous circulation and adequate blood pressure are established, fluid administration should be restricted to prevent exacerbation of cerebral edema, elevated intracranial pressure, and intracranial injuries that may accompany lightning strike.



Note Well: An ALS Unit must be en route or on scene.



II. Advanced Life Support Providers

1. Continuous cardiac monitoring
- A. Referring to the appropriate dysrhythmia algorithm as needed.



III. Transport Decision

1. Consider transport to Burn Center (MedSTAR).